

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Academy of Nurse Practitioners/Political Action Committee

ADDRESS (number and street)

PO Box 40473

☐Check if different
than previously
reported. (ACC)

Washington

DC

20016

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00358903

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☒October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2008

through

09

30

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Diana Swanson

Signature of Treasurer

Electronically Filed by Diana Swanson

Date

01

28

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 19

Write or Type Committee Name

American Academy of Nurse Practitioners/Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		147537.03
(b) Cash on Hand at Beginning of Reporting Period	165474.03	
(c) Total Receipts (from Line 19)	10994.50	28931.50
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	176468.53	176468.53
7. Total Disbursements (from Line 31)	27710.77	27710.77
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	148757.76	148757.76
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 19

Write or Type Committee Name

American Academy of Nurse Practitioners/Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	7	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	3270.00	5020.00
(ii) Unitemized	7724.50	23911.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	10994.50	28931.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	10994.50	28931.50
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	10994.50	28931.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	10994.50	28931.50

DETAILED SUMMARY PAGE

of Disbursements

4 / 19

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13500.00	13500.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	14210.77	14210.77	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	27710.77	27710.77	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	27710.77	27710.77	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 19

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	10994.50	28931.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10994.50	28931.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 19

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Nurse Practitioners/Political Action Committee

A.

Full Name (Last, First, Middle Initial)

LISA BENSON

Mailing Address 140 MOUNTAIN AVE

City

SUMMIT

State

NJ

Zip Code

07901-3424

FEC ID number of contributing
federal political committee.

C

Name of Employer
NA

Occupation

NURSE PRACTITIONER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

860.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.4654

Amount of Each Receipt this Period

860.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MELISSA CHRISTIANSEN

Mailing Address 26481 CONESTOGA CT

City

SUN CITY

State

CA

Zip Code

92586

FEC ID number of contributing
federal political committee.

C

Name of Employer
NA

Occupation

NURSE PRACTITIONER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.4657

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

ELIZABETH PIMENTEL

Mailing Address 1318 MONTANA AVE

City

EL PASO

State

TX

Zip Code

79902-5531

FEC ID number of contributing
federal political committee.

C

Name of Employer
NA

Occupation

NURSE PRACTITIONER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2110.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.4662

Amount of Each Receipt this Period

2110.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

3270.00

TOTAL This Period (last page this line number only)

3270.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 / 19

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Academy of Nurse Practitioners/Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MAX BAUCUS

Mailing Address 818 CONNECTICUT AVE NW

City
WASHINGTONState
DCZip Code
20006Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ President

State: MT

District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4609

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	8

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

LOIS CAPPS

Mailing Address PO BOX 23940

City
SANTA BARBARAState
CAZip Code
93121Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ President

State: CA

District:

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.4764

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	8

Amount of Each Disbursement this Period

300.00

C.

Full Name (Last, First, Middle Initial)

JIM CLYBURN

Mailing Address 499 SOUTH CAPITAL ST SW #412

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ President

State: DC

District:

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.4579

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	8

Amount of Each Disbursement this Period

300.00

SUBTOTAL of Disbursements This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 / 19

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Academy of Nurse Practitioners/Political Action Committee

A.	<p>Full Name (Last, First, Middle Initial) SUSAN COLLINS</p>	<p>Transaction ID: SB23.4571 Date of Disbursement</p>
	<p>Mailing Address PO BOX 1096</p>	<p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p>
	<p>City BANGOR State ME Zip Code 04402</p>	<p>Amount of Each Disbursement this Period</p>
	<p>Purpose of Disbursement CONTRIBUTION Candidate Name <input type="text"/></p>	<p><input type="text" value="500.00"/></p>
	<p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: <input type="text"/></p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Category/ Type</p>
B.	<p>Full Name (Last, First, Middle Initial) ROSA DELAURO</p>	<p>Transaction ID: SB23.4599 Date of Disbursement</p>
	<p>Mailing Address 12 TRUMBALL ST</p>	<p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p>
	<p>City NEW HAVEN State CT Zip Code 06511</p>	<p>Amount of Each Disbursement this Period</p>
	<p>Purpose of Disbursement CONTRIBUTION Candidate Name <input type="text"/></p>	<p><input type="text" value="300.00"/></p>
	<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: <input type="text"/></p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Category/ Type</p>
C.	<p>Full Name (Last, First, Middle Initial) JOHN DINGELL</p>	<p>Transaction ID: SB23.4597 Date of Disbursement</p>
	<p>Mailing Address 19855 W OUTER DR #103A-E</p>	<p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p>
	<p>City DEARBORN State MI Zip Code 48124</p>	<p>Amount of Each Disbursement this Period</p>
	<p>Purpose of Disbursement CONTRIBUTION Candidate Name <input type="text"/></p>	<p><input type="text" value="300.00"/></p>
	<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: <input type="text"/></p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 / 19

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Academy of Nurse Practitioners/Political Action Committee

A. Full Name (Last, First, Middle Initial) DICK DURBIN	Transaction ID: SB23.4563 Date of Disbursement
Mailing Address 101 WEST GRAND AVE #200	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 8 / 2 0 0 8</div> </div>
City CHICAGO State IL Zip Code 60610	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION	<div>500.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) PHIL HARE	Transaction ID: SB23.4639 Date of Disbursement
Mailing Address 224 18TH ST #303 PO BOX 4183	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 8 / 2 0 0 8</div> </div>
City ROCK ISLAND State IL Zip Code 61204	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION	<div>300.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) TOM HARKIN	Transaction ID: SB23.4632 Date of Disbursement
Mailing Address 426 C ST, NE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 8 / 2 0 0 8</div> </div>
City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION	<div>500.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DC District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 / 19

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Academy of Nurse Practitioners/Political Action Committee

A.

Full Name (Last, First, Middle Initial)

STENY HOYER

Mailing Address 7905 MALCOLM RD #102

City
CLINTON

State
MD

Zip Code
20735

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: MD

District:

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.4635

Date of Disbursement

09 / 18 / 2008

Amount of Each Disbursement this Period

300.00

B.

Full Name (Last, First, Middle Initial)

PATRICK KENNEDY

Mailing Address 400 C ST NE #201

City
WASHINGTON

State
DC

Zip Code
20002

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: DC

District:

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.4607

Date of Disbursement

09 / 18 / 2008

Amount of Each Disbursement this Period

300.00

C.

Full Name (Last, First, Middle Initial)

JOHN KERRY

Mailing Address 129 PORTLAND ST
SUITE 500

City
BOSTON

State
MA

Zip Code
02114

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

State: MA

District:

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.4626

Date of Disbursement

09 / 18 / 2008

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 / 19

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Academy of Nurse Practitioners/Political Action Committee

A.

Full Name (Last, First, Middle Initial)

ANN KILPATRICK

Mailing Address PO BOX 993

City
PRESCOTTState
AZZip Code
86302Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ President

State: AZ District:

Disbursement For: 2008
☐ Primary ☐ General
☒ Other (specify) ▼
Runoff

Transaction ID: SB23.4643

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	8

Amount of Each Disbursement this Period

300.00

B.

Full Name (Last, First, Middle Initial)

ALEXANDER LAMAR

Mailing Address PO BOX 75214

City
WASHINGTONState
DCZip Code
20013Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ President

State: DC District:

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼
Runoff

Transaction ID: SB23.4665

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	8

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)

CARL LEVIN

Mailing Address 26115 GREENFIELD RD

City
SOUTHFIELDState
MIZip Code
48076Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ President

State: MI District:

Disbursement For: 2008
☐ Primary ☐ General
☒ Other (specify) ▼
Runoff

Transaction ID: SB23.4593

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	8

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 19

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Academy of Nurse Practitioners/Political Action Committee

A.

Full Name (Last, First, Middle Initial)

NITA LOWERY

Mailing Address PO BOX 271

City

WHITE PLAINS

State

NY

Zip Code

10605

Purpose of Disbursement

CONTRIBUTION

Candidate Name

Category/
Type

Office Sought:

☒

House

☐

Senate

☐

President

State: NY

District:

Disbursement For:

2008

☐

Primary

☐

Other (specify) ▼

☒

General

Transaction ID: SB23.4601

Date of Disbursement

/ /

Amount of Each Disbursement this Period

300.00

B.

Full Name (Last, First, Middle Initial)

EDWARD MARKEY

Mailing Address PO BOX 526

City

MEDFORD

State

MA

Zip Code

02155

Purpose of Disbursement

CONTRIBUTION

Candidate Name

Category/
Type

Office Sought:

☒

House

☐

Senate

☐

President

State: MA

District:

Disbursement For:

2008

☐

Primary

☐

Other (specify) ▼

☒

General

Transaction ID: SB23.4628

Date of Disbursement

/ /

Amount of Each Disbursement this Period

300.00

C.

Full Name (Last, First, Middle Initial)

JOHN MCCAIN

Mailing Address PO BOX 10443

City

PHOENIX

State

AZ

Zip Code

85064

Purpose of Disbursement

CONTRIBUTION

Candidate Name

Category/
Type

Office Sought:

☐

House

☒

Senate

☐

President

State: MT

District:

Disbursement For:

2008

☐

Primary

☐

Other (specify) ▼

☒

General

Transaction ID: SB23.4603

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 / 19

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Academy of Nurse Practitioners/Political Action Committee

A.

Full Name (Last, First, Middle Initial)

BARACK OBAMA

Mailing Address PO BOX 8102

City
CHICAGO

State
IL

Zip Code
60680

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President

State: IL

District:

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.4605

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

DAVE OBEY

Mailing Address PO BOX 1322

City
WAUSAU

State
WI

Zip Code
54403

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: WI

District:

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.4595

Date of Disbursement

/ /

Amount of Each Disbursement this Period

300.00

C.

Full Name (Last, First, Middle Initial)

JOHN OLVER

Mailing Address PO BOX 819

City
AMHERST

State
MA

Zip Code
01004

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: MA

District:

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.4573

Date of Disbursement

/ /

Amount of Each Disbursement this Period

300.00

SUBTOTAL of Disbursements This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

American Academy of Nurse Practitioners/Political Action Committee

FEC Schedule B (Form 3X) (Revised 02/2003)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 / 19

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Academy of Nurse Practitioners/Political Action Committee

A.

Full Name (Last, First, Middle Initial)

LUCILLE ROYBAL-ALLARD

Mailing Address PO BOX 582

City
KENSINGTONState
MDZip Code
20895Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: MD District:

Transaction ID: SB23.4611

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	8

Amount of Each Disbursement this Period

300.00

B.

Full Name (Last, First, Middle Initial)

ALLYSON SCHWARTZ

Mailing Address 201 LEEDOM ST

City
JENKINTOWNState
PAZip Code
19046Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District:

Transaction ID: SB23.4561

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	8

Amount of Each Disbursement this Period

300.00

C.

Full Name (Last, First, Middle Initial)

GORDON SMITH

Mailing Address 4949 MEADOWS RD #625

City
LAKE ASWEGOState
ORZip Code
97035Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: OR District:

Transaction ID: SB23.4583

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	8

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

American Academy of Nurse Practitioners/Political Action Committee

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 / 19

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Academy of Nurse Practitioners/Political Action Committee

A.

Full Name (Last, First, Middle Initial)

ED TOWNS

Mailing Address 426 C STREET, NE

City
WASHINGTON

State
DC

Zip Code
20002

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: DC District:

Transaction ID: SB23.4650

Date of Disbursement

/ /

Amount of Each Disbursement this Period

300.00

B.

Full Name (Last, First, Middle Initial)

FRED UPTON

Mailing Address 104 HUME AVE

City
ALEXANDRIA

State
VA

Zip Code
22301

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District:

Transaction ID: SB23.4587

Date of Disbursement

/ /

Amount of Each Disbursement this Period

300.00

C.

Full Name (Last, First, Middle Initial)

CHRIS VAN HOLLEN

Mailing Address 10605 CONCORD STREET #202

City
KENSINGTON

State
MD

Zip Code
20895

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: MD District:

Transaction ID: SB23.4668

Date of Disbursement

/ /

Amount of Each Disbursement this Period

300.00

SUBTOTAL of Disbursements This Page (optional)

900.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 / 19

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Academy of Nurse Practitioners/Political Action Committee

A.

Full Name (Last, First, Middle Initial)

HENRY WAXMAN

Mailing Address 6380 WILSHIRE BLVD #1612

City
LOS ANGELESState
CAZip Code
90048Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District:

Transaction ID: SB23.4581

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	8

Amount of Each Disbursement this Period

300.00

B.

Full Name (Last, First, Middle Initial)

LYNN WOOLSEY

Mailing Address PO BOX 750176

City
PETALUMAState
CAZip Code
94975Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District:

Transaction ID: SB23.4565

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	8

Amount of Each Disbursement this Period

300.00

SUBTOTAL of Disbursements This Page (optional)

600.00

TOTAL This Period (last page this line number only)

13500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 / 19

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Academy of Nurse Practitioners/Political Action Committee

A.

Full Name (Last, First, Middle Initial)

American Academy of Nurse Practitioners/Political Action Committee

Mailing Address PO Box 40473

City
Washington

State
DC

Zip Code
20016

Purpose of Disbursement
PAYMENT FOR COOKBOOKS

Candidate Name
ACADEMY OF NURSE PRA AMERICAN

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.4841

Date of Disbursement

/ /

Amount of Each Disbursement this Period

14210.77

SUBTOTAL of Disbursements This Page (optional)

14210.77

TOTAL This Period (last page this line number only)

14210.77